

**STATE HEALTH BENEFITS PROGRAM  
COBRA BENEFITS CONTINUATION SCHEDULE  
RATES EFFECTIVE 7/1/00 - 12/31/01**

Attached are the monthly premium rates for continued coverage under the State Health Benefits Program (SHBP) COBRA Program effective July 1, 2000 to December 31, 2001. To determine your premium:

1. Locate in the left hand column the coverage(s) in which you wish to be enrolled. If you are eligible for health coverage, you may elect any health plan that serves the area in which you live. If you are eligible for dental coverage, you may elect any dental plan that serves the area in which you live.
2. Once you have identified the plan you desire, select the Contract Type you wish to elect. **YOU MAY NOT ELECT A CONTRACT TYPE WHICH EXCEEDS THAT WHICH YOU HAD ON THE LAST DATE PRIOR TO THE TERMINATION OF YOUR HEALTH CARE COVERAGE.** You may elect the same or a lesser level of coverage. For example, if you had member and spouse coverage as an active employee, you could elect member and spouse or single coverage under COBRA. You could not elect family or parent-child coverage. **You may not elect Dental, Vision, or Prescription Drug coverages unless you were enrolled in that coverage on the date of the COBRA event making you eligible for enrollment in the program.**
3. On the COBRA Application, check the box associated with the Plan and Contract Type elected and enter the premium amount in the space provided. **If you are electing HMO coverage, be sure to list the name of the HMO and Primary Care Physician. If you are electing dental coverage, be sure to specify in which plan you wish to enroll.**

Forward your completed COBRA application without premiums to:

**Division of Pensions & Benefits  
COBRA Section  
PO Box 299  
Trenton, NJ 08625-0299**

Once your COBRA application has been processed, the SHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

**State of New Jersey  
Division of Pensions and Benefits  
Newark Post Office  
PO Box 35236  
Newark, NJ 07193-5236**

To contact the SHBP regarding COBRA, please write, or call our SHBP Member Hotline at (609) 777-4355 and leave your name, social security number and telephone number and a representative will return your call within two business days. You may also reach us by e-mail at: [pensions\\_nj@tre.state.nj.us](mailto:pensions_nj@tre.state.nj.us)

**COBRA RATES**  
**(STATE EMPLOYERS)**  
*Rates Effective July 1, 2000 to December 31, 2001*

COVERAGE	TYPE OF CONTRACT			
	Single	Member & Spouse	Family	Parent & Child
NJ PLUS—#001	\$185.77	\$404.91	\$481.96	\$279.48
Traditional—#002	\$293.88	\$628.98	\$748.60	\$434.08
<b>HMO Plans:</b>				
Horizon HMO—#010	\$219.24	\$481.21	\$571.16	\$331.47
Aetna/US Healthcare—#019	\$205.63	\$454.24	\$528.34	\$304.23
CIGNA HealthCare—#020	\$222.08	\$484.39	\$577.73	\$333.35
Oxford Health Plan—#028	\$233.91	\$514.51	\$608.08	\$350.86
AmeriHealth HMO—#033	\$218.15	\$485.48	\$565.17	\$322.03
Physicians Health Services—#034	\$228.07	\$496.79	\$604.65	\$350.77
University Health Plans, Inc.—#036	\$208.50	\$458.64	\$542.05	\$312.76
<b>STATE PRESCRIPTION DRUG PLAN</b>	\$ 67.51	\$158.26	\$159.83	\$ 90.10
<b>DENTAL RATES</b>				
Dental Expense Plan—#399	\$ 39.04	\$ 60.19	\$ 99.83	\$ 78.65
<b>Dental Provider Organizations (DPOs):</b>				
Atlantic Southern Dental (BeneCare)—#301	\$ 18.13	\$ 31.51	\$ 51.57	\$ 38.20
Community Dental Associates—#302	\$ 18.13	\$ 31.51	\$ 51.57	\$ 38.20
CIGNA Dental Health, Inc.—#305	\$ 17.69	\$ 30.77	\$ 50.33	\$ 37.30
Group Dental Health Administrators—#306	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
International Heath Care Services—#307	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
Oracare (Protective Dental Care)—#308	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
Unity Dental Health Services—#311	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
Flagship Health Systems, Inc.—#312	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
Horizon Dental Choice—#317	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
Prudential DMO—#319	\$ 17.26	\$ 30.01	\$ 49.11	\$ 36.39
<b>VISION CARE</b>	\$ 0.79	\$ 1.80	\$ 1.83	\$ 1.04